



Department of Administration Office of Group Insurance

If you have questions, contact us:

Email: ogi@adm.idaho.gov

Phone: 208-332-1860 or 1-800-531-0597

State of Idaho Medical Plan Open Enrollment Choice Card

Effective Date: July 1, 2006

Name: _____ Social Security Number: _____
Current Blue Cross Member ID Number: _____ Date of Birth: _____
State Agency: _____
Daytime Phone Number: _____ Daytime Email: _____

_____ Change my Medical Plan from Traditional to PPO

_____ Change my Medical Plan from PPO to Traditional

Signature

Date

NOTE: This form must be completed, signed, dated and received in the Office of Group Insurance no later than May 24, 2006. If your agency is on the State Controller's Office payroll system, submit this form directly to the Office of Group Insurance. If your agency is not on the State Controller's Office payroll system, this form must first be submitted to your agency HR/Payroll Office.